




DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Centers for Disease Control and Prevention
INTER/INTRA-AGENCY AGREEMENT (IAA)
Payable Agreements (CDC is Procuring Agency)



Whorley

1. CDC IAA #: (10 to 13 digits) 02FED05401		2. PARTICIPATING AGENCY IAA #:		3. TYPE OF AGREEMENT <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification <input type="checkbox"/> Administrative Modification Number:			
4. TITLE OF PROJECT: Residential Fire Detection and Suppression Equipment Effectiveness Study							
5. DESCRIPTION OF WORK: (Please attach) See Attached			6. AMOUNT: (Not to exceed without written modification) \$ 280,000.00				
7. NAME AND ADDRESS OF PARTICIPATING FEDERAL AGENCY: U.S. Consumer Product Safety Commission 4330 East West Highway, Room 601 Bethesda, MD 20814-4408			LIAISON NAME: Linda Smith EMAIL ADDRESS: lsmith@cpssc.gov		PHONE #: (301) 504-0470 FAX #: (301) 504-0081		
8. NAME AND ADDRESS OF CDC, CENTER, INSTITUTE OR OFFICE: National Center for Injury Prevention and Control Division Unintentional Injury Prevention 4770 Buford Hwy. M/S K62 Atlanta, GA 30341			LIAISON NAME: Kim Blindauer EMAIL ADDRESS: kfb7@cdc.gov		PHONE #: (770) 488-4270 FAX #: (770) 488-1317		
9. PROJECT PERIOD: FUNDING PERIOD: from: 09/01/2002 through: 09/30/2002 from: 09/01/2002 through: 09/30/2002							
10. CDC AUTHORITY: <input checked="" type="checkbox"/> Economy Act approved June 30, 1932, as amended by 31 U.S.C. 1535 and 1536 (See also item #14) <input type="checkbox"/> Other (Please specify) _____							
11. PARTICIPATING AGENCY AUTHORITY: Section 27(g) of the Consumer Product Safety Act 15 U.S.C. 2076(g)							
12. CDC FUNDING INFORMATION: FOR CDC USE ONLY (CDC internal form 6012 - modified Document History Record)					APPROPRIATION NUMBER: 75-2-0943		
T.C. (For Accounting Use Only)	FY (2 digits) (Required)	DOC. REF. (For Accounting Use Only)	DOC. NO. (Original 10 digits) (Required)	CAN (7 digits) (Required)	O.C. (4 digits) (Required)	ALLOWANCE (5 digits) (For Budget Use Only)	\$ AMOUNT
050	02	214	02FED05401	2921519R	25.39	11817	\$280,000.00
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6012 ADMINISTRATIVE APPROVAL NAME and EMAIL ADDRESS: (Please print) Ed Griffin, Accountant, OPMO, NCIPC EIG4@CDC.GOV					FMO BUDGET ANALYST SIGNATURE: ADMINISTRATIVE APPROVAL SIGNATURE: 		
(Should not be the same as Block #18)							



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13. ADMINISTRATIVE BILLING REQUIREMENTS: CDC's ALC is **75090421**. Other Agency's ALC: *(required)* 61000001

Billing is to be made through the use of the Online Payment and Collection (OPAC) system. **Please include CDC's Official IAA # from Block #1 on all OPAC billings and correspondence.** When CDC provides funds to the performing agency, in advance of receiving the goods or services, the performing agency agrees to provide, within 15 days of the end of each quarter, statements of obligations and expenditures made during the quarter. The statements shall be provided to the following address: **DHHS, CDC, FMO, AP, Attn: ADVANCES/OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.** (If required by other agency, CDC's Tax Identification # is 586051157.)

14. ADDITIONAL BILLING REQUIREMENTS: *(This block must be completed if procuring services under the Economy Act.)*

- ☒ All funds provided by CDC under this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated but expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office (FMO) must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the FY so that the agreement may be modified to reduce the funding amount when appropriate. This notification shall be provided to the following address:

DHHS, CDC, FMO, AP, Attn: OPAC Desk, MS D-06, 1600 Clifton Road, Atlanta, GA 30333.

15. PARTICIPATING AGENCY FUNDING and/or INFORMATION:

(Please include name, telephone number, and email address of contact person.)

Name:

Telephone #:

Email:

Linda Murr

(301) 504-0029

Lmurr@cpsc.gov

16. ☒ The participating agency as a signatory to the Common Rule states that in accepting these Interagency Agreement funds, it will abide by the human subjects research requirements stated in the Common Rule, and certify that all necessary assurances and institutional review board (IRB) approvals are obtained.
- ☐ The participating agency is NOT a signatory to the Common Rule. Upon issuance of these Interagency Agreement funds, it is the responsibility of the CDC Center, Institute, or Office (CIO) to certify that all necessary assurances and institutional review board (IRB) approvals are obtained. The CIO Associate Director for Science (ADS) must determine the Applicability of Human Subjects Regulations.

17. OTHER REQUIREMENTS:

A. Travel under this agreement is subject to allowances authorized in accordance with Federal Travel Regulations, Joint Federal Travel Regulations, and/or Foreign Service Regulations.

B. CDC will retain the title to any equipment procured under this agreement, unless otherwise justified in the statement of work.

18. CDC ACCEPTANCE: *(please print)*

Name: Sue Binder, M.D.

Title: Director, NCIPC

Email address: SBINDER@CDC.GOV

Signature: *[Signature]*

Date: 5/8/02

19. PARTICIPATING AGENCY ACCEPTANCE: *(please print)*

Name: Donna Hutton

Title: Director, Div. of Procurement Services, CPSC

Email address: DHUTTON@CPSC.GOV

Signature: *[Signature]*

Date: 6/7/02

This agreement may be terminated by either agency upon a 30-day advance written notice. This agreement may be modified by mutual written consent of all parties.

**INTERAGENCY AGREEMENT BETWEEN
CENTERS FOR DISEASE CONTROL AND PREVENTION
AND
CONSUMER PRODUCT SAFETY COMMISSION
02FED05401**

This document sets forth the terms of agreement for services, supplies, and/or materials between the Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control (NCIPC), Centers for Disease Control and Prevention (CDC) and the Consumer Product Safety Commission (CPSC) for the Field Investigation component of the Residential Fire Detection and Suppression Equipment Effectiveness Study.

I. DESCRIPTION OF SERVICES

In the event of a fire, smoke alarms may reduce the risk of dying by 40-50%. Over half of the people who die in fires are asleep at the time of the fire. These facts demonstrate the importance of installing smoke alarms to prevent fire injuries and deaths; however, it is estimated that 28% of all American homes are not protected by even one working smoke alarm and many more have an inadequate number and placement of smoke alarms. Changes have been made to smoke alarm technology and installation with the intent of reducing the prevalence of non-working alarms in households. For example, the use of ten-year batteries has become increasingly common, as have legislative requirements that single station detectors be hard-wired with battery backup. A current assessment of smoke alarm utilization in homes is needed to guide intervention efforts.

Residential sprinklers are a recent addition to the options available for reducing deaths and injuries from home fires. Data suggest home sprinkler systems are very effective in preventing fire-related injuries and deaths. It is not known, however, how many homes have sprinkler systems and how much of the residence is protected.

CPSC and the Centers for Disease Control and Prevention (CDC) are collaborating on a study to evaluate the effectiveness of fire detection and suppression equipment in residences. The study has two components: the CPSC funded component is a national telephone probability survey to obtain information from households that had fires during a recent time period and the CDC funded component involves household visits of a probability sub-sample of telephone survey households, including households that did not have fires. During the household visits, investigators would determine the type, number, placement and functionality of smoke alarms; the reasons for non-functioning alarms; the date of installation if it was a 10-year alarm; the presence and functionality of fire extinguishers; and the presence, coverage, and functionality of automatic fire suppression systems such as sprinklers. High risk groups will be oversampled in both the telephone survey and the household visit survey.

It was determined that the most efficient way to accomplish this study would be to have the CPSC contractor conduct both components of the study. CDC is transferring the funds needed for the field investigation component to CPSC via this interagency agreement. The CPSC contractor will be required to accomplish the following tasks:

1. Develop a survey plan in which the sample will be drawn from a national random sample of telephone numbers generated for the CPSC telephone survey. The survey plan should include the following:

- Description of the proposed sampling approach
- Method for oversampling of homes with high-risk sub-groups (elderly, children, Blacks, Native Americans, low income, rural residence)
- Sample size estimates with associated standard errors
- Provision for sampling all types of residences including manufactured homes, 1- and 2-family dwellings, and apartments and rental and owned residences;
- Data quality assurance plan
- Data management plan for quality control of the data entry process including error correction
- Plan for oversight of study
- Plan for protecting confidentiality and privacy of study participants
- Incentives to home owners to encourage their participation (e.g., replace dead batteries; install smoke alarms in homes that lack an adequate number of working alarms)

2. Assist in developing the survey instrument/inspection check list

Information to be collected during home visits:

- Demographic information not collected previously during CPSC telephone interview (e.g., # household members and the age, race/ethnicity and gender of each, highest educational level achieved in home, value of home, rented or owned, type of dwelling - manufactured home, apartment, ranch home, etc);
- Type, number, placement and functionality of smoke alarms;
- Reasons for non-functioning alarms;
- Date of installation of all 10-year alarms;
- The presence and functionality of fire extinguishers;
- Presence and type of automatic fire suppression systems, such as sprinklers;
- Sprinkler coverage and whether water valve turned on.

3. Assist in the preparation of the CDC human subject review board protocol and OMB clearance documents. Make revisions to those documents as requested. Attend meetings with OMB as necessary.
4. Train the interviewers/inspectors who will conduct the home visits. This includes providing training in interviewing techniques, identifying types of smoke alarms and whether they are functional, determining why alarms are not functional, identifying types of automatic suppression systems, determining level of sprinkler coverage and its adequacy for the property, determining whether water supply to sprinkler is on, and establishing whether fire extinguishers are functional.
5. Conduct the home visits, providing replacement 10-year smoke alarms, and all travel-related expenses.
6. Enter data into an electronic data management program, including appropriate cleaning and editing.

7. Provide a data analysis plan, including justification for the statistical methods chosen to analyze these data. Analyze the data using the appropriate population survey analysis techniques, including the application of appropriate weights.
8. Provide a final written report in a format requested by the CDC project officer. In addition, furnish monthly progress reports during the project period.
9. Provide the data to CDC electronically or on CD-ROM in the format requested by CDC project officer.

It is expected this Project will require three years to complete (three years from the date the contractor is hired).

The total cost to CDC to accomplish this Project is estimated to be \$280,000.

II. DURATION OF AGREEMENT

This agreement is approved from the date of signatures for both agencies through September 30, 2005.

III. ESTIMATED COSTS

To conduct household inspections in a nationally representative sample of all U.S. households, with oversampling of high risk populations, in order to evaluate the presence, coverage and functionality of fire detection and suppression equipment:

Total Estimated Costs	\$280,000
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IV. METHOD OF PAYMENT

Funds for this project for FY 2002 in the amount of \$280,000 will be transferred to CPSC via OPAC using the following account data:

	<u>From</u>	<u>To</u>
Agency	CDC	CPSC
Agency Symbol	75-09-0421	61000001
Appropriation	75-2-0943	6120100
CAN	2921-519R	02-PS EXOB 4400 21725
Object Class	25.39	252F
Amount	\$280,000	\$280,000

When billing CDC through the OPAC system, CPSC will reference agreement number 02FED05401.

All funds provided by CDC in this agreement must be obligated by the performing agency by the end of the FY in which the funds expire. Any unobligated expired funds may not be used to fund services in subsequent periods. The CDC Financial Management Office must be notified of any unobligated funds pertaining to this agreement at least 15 days before the end of the fiscal

year so that the agreement can be amended to reduce the obligated amount when appropriate. The notification must be submitted to the address below.

DHHS, CDC/ATSDR, FMO
Attn: OPAC Desk
1600 Clifton Road, M/S D-06
Atlanta, Georgia 30333

V. TRAVEL

Travel under this agreement is subject to allowances authorized in accordance with the Federal Travel Regulations, the Joint Federal Travel Regulations and/or the Foreign Service Regulations.

VI. EQUIPMENT

There is no equipment to be covered under this agreement.

VII. CONFLICT WITH EXISTING AGREEMENTS

There is no duplication or conflict with existing agreements, policy or statute.

VIII. PROGRAM CONTACTS

For NCIPC:

Kim Blindauer, DVM, MPH
Epidemiologist
NCIPC/DUIP (K63)
4770 Burford Highway, NE
Atlanta, GA 30341-3714
(770) 488-4270
(770) 488-1317 (FAX)
kfb7@cdc.gov

For CPSC:

Linda Smith
Health Statistician
EPHA
U.S. Consumer Product Safety
Commission
4330 East West Highway, Room 601
Bethesda, MD 20814-4408
Tele: 301-504-0470, x1275
Fax: 301-504-0081
lsmith@cpsc.gov

IX. BUDGET CONTACTS

For NCIPC:

Debbie Mathis
NCIPC/OD (F36)
4770 Burford Highway, NE
Atlanta, GA 30341-3724
(770) 488-1369

For CPSC:

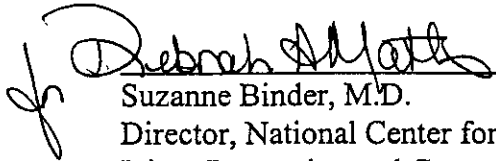
Linda Murr
Budget Office
US Consumer Product Safety Comm
4330 East West Hwy, Room 703
Bethesda, Maryland 20814-4408
Tele: 301-504-0029, ext. 2239
Fax: 301-504-0265
Email: LMurr@CPSC.gov

X. MODIFICATION AND CANCELLATION

This agreement may be modified by mutual consent of both parties or canceled upon 60 days advance written notice by either party.

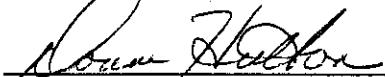
XI. APPROVALS

For NCIPC:


Suzanne Binder, M.D.
Director, National Center for
Injury Prevention and Control

Date: 5/8/02

For CPSC:


Donna Hutton
Director, Division of Procurement
Services
Directorate for Administration

Date: 6/7/02

XII. AUTHORITY

This agreement is entered into under Section 601 of the Economy Act, as amended (31 U.S.C. 1535).

XIII. RESOLUTION OF DISAGREEMENTS

In the event that CPSC and CDC have a disagreement arising under this Interagency Agreement, the parties shall cooperatively seek to resolve the disagreement. CPSC will make every reasonable effort to accommodate the needs of CDC before making a final decision.